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CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

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PJH

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

10 DANIEL RAYFEL WILLIAMS

CV

08

CASE NO. _____

11 Plaintiff,

12 vs.

13 CALIFORNIA DEPT. OF

14 MENTAL HEALTH DBA

NAPA STATE HOSPITAL Defendant.

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

(PR)

16 I, DANIEL R. WILLIAMS, declare, under penalty of perjury that I am the
17 plaintiff in the above entitled case and that the information I offer throughout this application
18 is true and correct. I offer this application in support of my request to proceed without being
19 required to prepay the full amount of fees, costs or give security. I state that because of my
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

22 In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No X

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: NOT APPLICABLE Net: NOT APPLICABLE

27 Employer: NOT APPLICABLE

28 _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
2 salary and wages per month which you received. (If you are imprisoned, specify the last
3 place of employment prior to imprisonment.)

4 NOT APPLICABLE

5
6
7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

9 a. Business, Profession or Yes No ✓
10 self employment

11 b. Income from stocks, bonds, Yes No ✓
12 or royalties?

13 c. Rent payments? Yes No ✓

14 d. Pensions, annuities, or Yes No ✓
15 life insurance payments?

16 e. Federal or State welfare payments, Yes No ✓
17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

21 NOT APPLICABLE

22
23 3. Are you married? Yes No ✓

24 Spouse's Full Name: NOT APPLICABLE

25 Spouse's Place of Employment: NOT APPLICABLE

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ NOT APPLICABLE Net \$ NOT APPLICABLE

28 4. a. List amount you contribute to your spouse's support: \$ NOT APPLICABLE

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 NOT APPLICABLE

7 5. Do you own or are you buying a home? Yes No X

8 Estimated Market Value: \$ NIA Amount of Mortgage: \$ NIA

9 6. Do you own an automobile? Yes No X

10 Make NIA Year NIA Model NIA

11 Is it financed? Yes NIA No NIA If so, Total due: \$ NIA

12 Monthly Payment: \$ NIA

13 7. Do you have a bank account? Yes No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: NIA

15 Present balance(s): \$ NOT APPLICABLE

16 Do you own any cash? Yes No X Amount: \$ NOT APPLICABLE

17 18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes No X

20 8. What are your monthly expenses?

21 22 Rent: \$ NOT APPLICABLE Utilities: NOT APPLICABLE

23 Food: \$ NOT APPLICABLE Clothing: NOT APPLICABLE

24 Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>NIA</u>	\$ <u>NOT APPLICABLE</u>	\$ <u>NOT APPLICABLE</u>
<u>NIA</u>	\$ <u>NOT APPLICABLE</u>	\$ <u>NOT APPLICABLE</u>
<u>NIA</u>	\$ <u>NOT APPLICABLE</u>	\$ <u>NOT APPLICABLE</u>

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 NOT APPLICABLE I DON'T KNOW

4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No XX

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 NOT APPLICABLE

10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15

16 02-22-08

17 DATE

D. J. D.

18 SIGNATURE OF APPLICANT

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1
2 Case Number: _____
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9 CERTIFICATE OF FUNDS
10 IN
11 PRISONER'S ACCOUNT

12 I certify that attached hereto is a true and correct copy of the prisoner's trust account
13 statement showing transactions of Williams Daniel Rayfel for the last six months
14 Napa State Hospital [prisoner name] [name of institution] where (s)he is confined.

15 I further certify that the average deposits each month to this prisoner's account for the
16 most recent 6-month period were \$ 12.50 and the average balance in the prisoner's
17 account each month for the most recent 6-month period was \$ 12.50.

18
19 Dated: 1/24/08

20
21 [Authorized officer of the institution]
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**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

10/24/2007

2:46:03PM

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**TRUST ACCOUNT / CASHIERS' SYSTEM II
LEDGER ACTIVITY FROM 7/1/2007 1 TO 9/30/2007**

PATIENT NO.: 2071124

WARD NO: Q

PATIENT NAME: WILLIAMS, DANIEL

ADMIT: 06/20/2007

DATE	DOCUMENT NO.	DEPOSIT	WITHDRAW	ENCUM-BRANCE	CURRENT BALANCE	COMMENTS
07/20/2007	075075	\$12.50			\$12.50	\$12.50 Receipts
07/26/2007	153715		\$12.50		\$0.00	cl v70
08/19/2007	075154	\$12.50			\$12.50	\$12.50 Receipts
08/23/2007	153928		\$12.50		\$0.00	cl v151
09/18/2007	075225	\$12.50			\$12.50	\$12.50 Receipts
09/20/2007	154108		\$12.50		\$0.00	Cashlist v-224

PLEASE BE ADVISED THAT EFFECTIVE 10/24/2007 THE TRUST ACCOUNT IN YOUR NAME LOCATED IN THE CASHIERS OFFICE HAS A BALANCE OF \$12.50 . THESE FUNDS ARE HELD PURSUANT TO SECTION 7281 OF THE WELFARE AND INSTITUTION CODE FOR YOUR BENEFIT. A STATEMENT SUCH AS THIS WILL BE SENT TO YOU QUARTERLY.

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
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FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

1/17/2008

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11:20:37AM

**TRUST ACCOUNT / CASHIERS' SYSTEM II
LEDGER ACTIVITY FROM 10/01/2007 TO 12/31/2007**

PATIENT NO.: 2071124

WARD NO: Q9

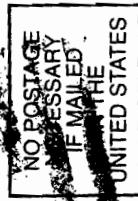
PATIENT NAME: WILLIAMS, DANIEL

ADMIT: 06/20/2007

DATE	DOCUMENT NO.	DEPOSIT	WITHDRAW	ENCUM-BRANCE	CURRENT BALANCE	COMMENTS
10/18/2007	075302	\$12.50			\$12.50	\$12.50 Receipts
10/25/2007	154369		\$12.50		\$0.00	cl v330
11/17/2007	075387	\$12.50			\$12.50	\$12.50 Receipts
11/21/2007	154561		\$12.50		\$0.00	cl v397
12/17/2007	075494	\$12.50			\$12.50	\$12.50 Receipts
12/19/2007	154799		\$12.50		\$0.00	cl v473
***** CURRENT BALANCE		\$0.00				

PLEASE BE ADVISED THAT EFFECTIVE 1/17/2008 THE TRUST ACCOUNT IN YOUR NAME LOCATED IN THE CASHIERS OFFICE HAS A BALANCE OF \$0.00 . THESE FUNDS ARE HELD PURSUANT TO SECTION 7281 OF THE WELFARE AND INSTITUTION CODE FOR YOUR BENEFIT. A STATEMENT SUCH AS THIS WILL BE SENT TO YOU QUARTERLY.

DANIEL R. WILLIAMS
NAPA STATE HOSPITAL
UNIT: Q-9
2100 NAPA VAULT TO AVE
NAPA, CA 94558-6295



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